

**RB-30 Provider of Premises License Application**

License no. \_\_\_\_\_

License issued \_\_\_\_\_

**Read this information first**

Do not write above this line.

To qualify for a license to provide a premises for bingo games, your organization must not have any officers or partners who have been convicted of a felony.

To qualify for a license to provide a premises for charitable games, your organization must not have any officers or partners who have been convicted of a felony within the last 10 years or who are professional gamblers.

**Step 1: Check the provider of premises license for which you are applying**

You must file a separate application for each license.

☐ Bingo ☐ Charitable game**Step 2: Identify your business**

Business name \_\_\_\_\_

Physical address \_\_\_\_\_  
Number and street

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

County \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone numberMailing address \_\_\_\_\_  
Number and street or post office box

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**List all of the following numbers that your business has been assigned.**

IBT no. \_\_\_\_\_ - \_\_\_\_\_

FEIN \_\_\_\_\_ - \_\_\_\_\_

Bingo license no. **B -** \_\_\_\_\_Bingo supplier's license no. **BS -** \_\_\_\_\_Bingo provider's license no. **BP -** \_\_\_\_\_Charitable game license no. **CG -** \_\_\_\_\_Charitable game provider's license no. **CP -** \_\_\_\_\_Charitable game supplier's license no. **CS -** \_\_\_\_\_Pull tab license no. **P -** \_\_\_\_\_Pull tab supplier's license no. **PS -** \_\_\_\_\_Pull tab manufacturer's license no. **PM -** \_\_\_\_\_**Step 3: Tell us about your business****1 Check your type of business ownership.**☐ Individual ☐ Partnership ☐ Corporation☐ Other (please specify) \_\_\_\_\_

If you are a corporation, attach your articles of incorporation and bylaws. If this is a renewal application, attach these items only if they have changed since your last application.

**2 When and where was your business established?**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

**3 Who is responsible for furnishing bingo or charitable game records and information?**

Name \_\_\_\_\_

Daytime telephone (\_\_\_\_\_) \_\_\_\_\_

**4 Are you doing business under an assumed or trade name?**☐ yes ☐ no

If "yes," you are operating under an assumed name and you are an individual, a partnership, or an other entity, write your assumed name and the county and number of your Assumed Name Certificate.

Assumed name \_\_\_\_\_

County \_\_\_\_\_ Number \_\_\_\_\_

If "yes," you are operating under a trade name and you are a corporation, write your trade name and your corporate name.

Also attach a certified copy of your Certificate of Registration.

Trade name \_\_\_\_\_

Corporate name \_\_\_\_\_

**Step 4: Identify your director, officers, partners, and stockholders**

If your business is owned or operated by another entity, you must also identify the director, officers, partners, and stockholders of that entity. If you are a partnership or a corporation, you must report to us in writing within 30 days any change in the number or identity of persons owning at least 10 percent of the shares in your business or an entity that owns or operates your business. If the ownership of your business changes, you must file a new application.

**1** \_\_\_\_\_  
Name (include middle initial) Title (if applicable) Social Security number \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street address City State ZIP Race\*

**2** \_\_\_\_\_  
Name (include middle initial) Title (if applicable) Social Security number \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Street address City State ZIP Race\*



## Step 7: Have each person listed in Step 4 complete the following information

Make a copy of this step for each individual to complete. Attach all completed copies to your application. Attach additional sheets if necessary.

**1** Name \_\_\_\_\_  
First Middle Last

**2** Previous or maiden name (if applicable)

First Middle Last

**3** Home address \_\_\_\_\_  
Number and street

City State ZIP

**4** How long have you resided at this address? \_\_\_\_\_

**5a** Home phone (\_\_\_\_\_) \_\_\_\_\_

**b** Work phone (\_\_\_\_\_) \_\_\_\_\_

**6a** Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**b** Place of birth \_\_\_\_\_  
City State

**7** Social Security number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**8a** Drivers license number \_\_\_\_\_

**b** State of issue \_\_\_\_\_

**c** Date of issue \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**9** Spouse's name \_\_\_\_\_  
First Middle Last

**10** Spouse's previous or maiden name (if applicable)

First Middle Last

**11** Are you a U.S. citizen? ☐ yes ☐ no  
If "no," write your registration number. \_\_\_\_\_

**12** What position do you hold with this business?

☐ sole proprietor ☐ stockholder  
☐ director ☐ manager  
☐ officer ☐ other \_\_\_\_\_  
☐ partner

**13** Describe your duties with this business. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14** List all of the following numbers assigned to you or a business or organization in which you have a financial interest or an active role.

IBT no. \_\_\_\_ - \_\_\_\_

FEIN \_\_\_\_ - \_\_\_\_

Bingo license no. **B** - \_\_\_\_\_

Bingo supplier's license no. **BS** - \_\_\_\_\_

Bingo provider's license no. **BP** - \_\_\_\_\_

Charitable game license no. **CG** - \_\_\_\_\_

Charitable game provider's license no. **CP** - \_\_\_\_\_

Charitable game supplier's license no. **CS** - \_\_\_\_\_

Pull tab license no. **P** - \_\_\_\_\_

Pull tab supplier's license no. **PS** - \_\_\_\_\_

Pull tab manufacturer's license no. **PM** - \_\_\_\_\_

**15** Write the name and address of each business in which you have a financial interest or an active role.

**a** Business name \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

**b** Business name \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_

**16** Write your employment history for the past 10 years. List your most current employer first. Include periods of unemployment or education.

**a** Employer name \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_  
Position held \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Type of business \_\_\_\_\_

**b** Employer name \_\_\_\_\_  
Street address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_  
Position held \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Type of business \_\_\_\_\_

**17** List your places of residence during the past 10 years, excluding the home address you provided in Item 3 above.

**a** Street address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_  
Dates of residence \_\_\_\_\_

**b** Street address \_\_\_\_\_  
City, state, ZIP \_\_\_\_\_  
Dates of residence \_\_\_\_\_

**18** Have you ever been convicted of a felony or a misdemeanor?

☐ yes ☐ no

If "yes," explain. \_\_\_\_\_  
\_\_\_\_\_

► **Turn the page and complete Step 8.**

Step 8: Sign below

Under penalties of perjury, I state that I have examined this application and, to the best of my knowledge, it is true, correct, and complete. I further certify that no employee of mine shall manage or operate the games. I also state that I have read the applicable bingo or charitable game rule book.

Responsible party's signature

Title Date

If you are applying for a  
☐ **bingo** provider of premises license, make your check for **\$200**  
☐ **charitable game** provider of premises license, make your check for **\$50**  
payable to "Illinois Department of Revenue." Your payment must accompany this application.

Mail your application and payment to:  
  
OFFICE OF BINGO AND CHARITABLE GAMES  
ILLINOIS DEPARTMENT OF REVENUE  
PO BOX 19480  
SPRINGFIELD IL 62794-9480

If you have questions, please call our Springfield office weekdays between 8:00 a.m. and 4:30 p.m. at 217 524-4164.

